

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5						
6	1					
7		1				
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9		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	9	↔	↔	↔		
TOTAL CLAIMS	12					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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